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Caul alevami

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Patent

Attorney's Docket No. 033352-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re F	Patent Application of						
Eva A	. Turley et al.) Group Art Unit: 1653					
Applic	ation No.: 09/685,010) Examiner: S. W. Liu					
Filed:	October 5, 2000	Confirmation No.: 5697					
For:	COMPOSITIONS AND METHODS FOR TREATING CELLULAR RESPONSE TO INJURY AND OTHER PROLIFERATING CELL DISORDERS REGULATED BY HYALADHERIN AND HYALURONANS	RECEIVED DEC 1 7 2002 TECH CENTER 1600/2900					
	AMENDMENT/REPLY TR	ANSMITTAL LETTER					
	ant Commissioner for Patents ngton, D.C. 20231						
Sir:							
E	nclosed is a reply for the above-identified pate	nt application.					
[3	A Petition for Extension of Time is also enclosed and a check for \$200.00.						
[A Terminal Disclaimer and a check for [] \$55.00 (2814) [] \$110.00 (1814) to cover the requisite Government fee are also enclosed.						
[Also enclosed is						
· [X	Small entity status is hereby claimed.	•					
[Applicant(s) request continued examinatio [] \$370.00 (2801) [] \$740.00 (1801) fee du	n under 37 C.F.R. § 1.114 and enclose the e under 37 C.F.R. § 1.17(e).					



Amendment/Reply Transmittal Letter Application No. <u>09/685,010</u> Attorney's Docket No. 033352-007

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	[] Applicant(s) previously submitted, on, for which continued examination is requested.
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
[X]	No additional claim fee is required.
[]	An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS								
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE			
Total Claims	37	MINUS 37 =	0	× \$18.00 (1202) =	0			
Independent Claims	15	MINUS 16 =	0	× \$84.00 (1201) =	0			
If Amendment adds multiple dependent claims, add \$280.00 (1203)								
Total Amendment Fee								
If small entity status is claimed, subtract 50% of Total Amendment Fee								
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT								

[]	A claim fe	e in the	amount of \$	is	encle	osed
[]	Charge \$_		to Deposit Accoun	t No.	02-4	800.

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The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Mary Ann Dillahunty

Registration No. 34,576

P.O. Box 1404 Alexandria, Virginia 22313-1404 (650) 622-2300

Date: December 11, 2002